# Order Form Uniform Placement Criteria Manual September 2000

The UPC 2000 version manual includes updated placement information that is consistent with HFS 75 in language and intent.

#### **Payment Information**

To order the UPC 2000 manual complete the following mailing information and attach a check or purchase order for \$20.00 made payable to:

### **Bureau of Mental Health & Substance Abuse Services – UPC**

Send this request form and your payment to the attention of:

Susan Endres, BMHSAS 1 W. Wilson St. Room 437 P.O. Box 7851 Madison WI 53707-7851

www.dhfs.state.wi.us\substabuse.

## **Mailing Information**

Please complete the following information so that your order can be processed in a timely manner:

| Your Name and/or Agency Name  |
|---|
| Mailing address for the UPC Manual  |
|   |
| City, State, Zip Code   |
| Email and/or Phone Number   |
| For additional information please call Susan Endres at (608) 266-2476 or email <a href="mailto:endresl@dhfs.state.wi.us">endresl@dhfs.state.wi.us</a> . |

Training Opportunities for Uniform Placement Criteria and specialized AODA information can be found on the Addiction Services web site:

# **Uniform Placement Criteria Specialized Training and/or Technical Assistance Request**

• Specialized Training Request

Agency and individual training requests will be coordinated and fee determined based on the availability of staff, group size, and geographical need. To convene a six-hour UPC training there must be a minimum of 15 individual registrations.

• Technical Assistance Request

UPC implementation and interpretation technical assistance questions are responded to in the order they are received.

If you wish to submit your technical assistance question in writing please complete the following information.

Please mail, fax, or email your specialized training and/or technical assistance request needs to:

Susan Endres, BMHSAS 1 W. Wilson St. Room 437 P.O. Box 7851

Madison WI 53707-7851 Phone: (608) 266-2476 Fax: (608) 266-1533

Email: endresl@shfs.state.wi.us

# Briefly state your training needs or technical assistance request:

| (If you need more space please include an attachment and information on the best way and time that you can be reached.) |  |  |  |  |  |  |
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